



## Address Change Request Form

<b>Please Select One:</b>			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Royalty Owner	<input type="checkbox"/> JIB Partner	<input type="checkbox"/> Revenue Partner
<b>Business Associate Information:</b>			
Name:		Number:	
DBA (if applicable):			
<b>Previous Information:</b>			
Attn (if required):			
Street:			
Suite/Apt:			
City:		State:	
Zip:		Country:	
Tax ID (TIN/SSN):		Classification:	
<b>Current Address:</b>		<b>Effective Date:</b>	
Attn (if required):			
Street:			
Suite/Apt:			
City:		State:	
Zip:		Country:	
Tax ID (TIN/SSN):		Classification:	

<b>Contact Information:</b>		
Contact Person's Name & Title:		
Telephone Number:		
Email Address:		
<b>Print Name:</b>	<b>Title:</b>	
<b>Signature:</b>	<b>Date:</b>	
<b>Additional Information:</b>		

Please return completed form via email: [ownerrelations@moriahenergy.com](mailto:ownerrelations@moriahenergy.com) or via mail to: **Moriah Operating 303 W Wall St, Suite 2300, Midland, TX 79701**  
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